

Appreciation of Doctor Humber:
101656 570

CLAIMS AS FILED - PART I

(Column 11)

Column 21

FOR	NUMBER FILED	NUMBER EXCLUDED
BASIC FEE (37 CFR 1.16(e))		
TOTAL CLAIMS (37 CFR 1.16(e))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(d))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT	(37 CFR 1.16(d))	

* If the difference in column 1 is less than zero, enter '0' in column 2.

CHARGE ENTITY		SMALL ENTITY	
RATE	FEES	RATE	FEES
1.....		1..	
K 1.....*		K 1.....*	
K 1.....*		K 1.....*	
K 1.....*		K 1.....*	
TOTAL		TOTAL	

CLAIMS AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total 131 CFR 1.16(d)(1)	56	Minus " 26	-
Independent 131 CFR 1.16(d)(1)	31	Minus " 3	-	

FIRST PRESENTATION OF MULTIPLE DEPENDENT QNM (3) CFB 1 161211

SMALL ENTITY	
NAME	ADDITIONAL FEE
X 1 <u>25</u>	
X 1 <u>100</u>	
+ 1 _____	
TOTAL	
AD'D'L FEE	

OTHER THAN SMALL ENTITY	
RATE	ADDI TIONAL FEE
X \$ 50.	
X \$ 200	
4 S	
TOTAL ADDFEE	

AMENDMENT B		(Column 1)		(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (3) CFR 1.16(e)(1)	"	Minus	"	"
	Independent (3) CFR 1.16(e)(1)	"	Minus	***	"

101 PRESENTATION OF MULTIPLE DEPENDENT DATA 101 CFR 116(q)(1)

RATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
X \$ ____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ ____ :	
Y \$ ____ :	
Z \$ ____ :	
TOTAL ADD'L FEE:	

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER ALLOCATION	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESUMED TENURE
100% INDEPENDENT	MINUS	**	?
Independent DRAFTING UNIT	MINUS	***	?

1ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 116(d)(1)

RATE	ADDITIONAL FEE
R \$ _____ =	
R \$ _____ =	
R \$ _____ =	
TOTAL ADDRESS	

RATE	ADDITIONAL FEE
A \$ _____	
A \$ _____	
A \$ _____	
TOTAL AMOUNTS	

* If the value in column 1 is less than the value in column 2, write 'W' in column 3.

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'.

**** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter :20
** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter :3**

The Highest Number Previously Paid For In This PLACE is less than 1,000.

This request for information is required by 37 CFR 1.14(a)(1). The information is required to obtain or retain a benefit by the entity which is to file (and to the USPTO) an application. Confidentiality is preserved by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 months to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. (DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.)

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